

Best Available Copy

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	69300		

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	10/23/00	
2	✓	10/23/00	
3	✓	10/23/00	
4	✓	10/23/00	
5	✓	10/23/00	
6	✓	10/23/00	
7	✓	10/23/00	
8	✓	10/23/00	
9	✓	10/23/00	
10	✓	10/23/00	
11	✓	10/23/00	
12	✓	10/23/00	
13	✓	10/23/00	
14	✓	10/23/00	
15	✓	10/23/00	
16	✓	10/23/00	
17	✓	10/23/00	
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25	✓	10/23/00	
26	✓	10/23/00	
27	✓	10/23/00	
28	✓	10/23/00	
29	✓	10/23/00	
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31	✓	10/23/00	
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42	✓	10/23/00	
43	✓	10/23/00	
44	✓	10/23/00	
45	✓	10/23/00	
46	✓	10/23/00	
47	✓	10/23/00	
48	✓	10/23/00	
49	✓	10/23/00	
50	✓	10/23/00	

Claim	Final	Original	Date
51	✓	10/23/00	
52	✓	10/23/00	
53	✓	10/23/00	
54	✓	10/23/00	
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56	✓	10/23/00	
57	✓	10/23/00	
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87	✓	10/23/00	
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89	✓	10/23/00	
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97	✓	10/23/00	
98	✓	10/23/00	
99	✓	10/23/00	
100	✓	10/23/00	

Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here